

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

Relationships not covered above.

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Other: Anything not covered under the previous three boxes

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Royalties: Funds are coming in to you or your institution due to your patent

Rud 1



Section 1.	Identifying Inform	ation				
1. Given Name (Fi Christopher	rst Name)	2. Surname (Last Name) Rud		3. Date 19-August-2015		
4. Are you the corresponding author?		☐ Yes ✓ No	Corresponding Author's Nar Jeffrey Macalena	me		
5. Manuscript Title Autologous Chondrocyte Implantation Using a Bilayer Collagen Membrane With Bone Graft for the Treatment of a Large Osteochondral Defect in the Lateral Trochlea of the Knee						
6. Manuscript Idei	ntifying Number (if you kn	ow it)				
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Section 2.	Section 2. The Work Under Consideration for Publication					
any aspect of the s statistical analysis,	ubmitted work (including	but not limited to grants, da	a third party (government, cor ta monitoring board, study de:	mmercial, private foundation, etc.) for sign, manuscript preparation,		
Section 3.						
Section 5.	Relevant financial	activities outside the s	ubmitted work.			
of compensation clicking the "Add	n) with entities as descri	bed in the instructions. Us port relationships that wer	se one line for each entity; a	ationships (regardless of amount dd as many lines as you need by nonths prior to publication.		
Section 4.	Intellectual Proper	ty Patents & Copyrig	uhtc.			
	intellectual Proper	ty Patents & Copyrig	Jines -			
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo						

Rud 2



Section 5.				
Section 5.	Relationships not covered above			
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?				
Yes, the following relationships/conditions/circumstances are present (explain below):				
✓ No other relationships/conditions/circumstances that present a potential conflict of interest				
At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.				
Section 6.	Disclosure Statement			
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box			
Mr. Rud has noth	ning to disclose.			

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

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Macalena 1



Section 1. Identifying Inform	nation					
1. Given Name (First Name) Jeffrey	2. Surname (Last Name) Macalena	3. Date 21-August-2015				
4. Are you the corresponding author?	✓ Yes No					
5. Manuscript Title Autologous Chondrocyte Implantation Using a Bilayer Collagen Membrane With Bone Graft for the Treatment of a Large Osteochondral Defect in the Lateral Trochlea of the Knee 6. Manuscript Identifying Number (if you know it) CC-D-14-00154-R1						
Section 2. The Work Under C	Section 2. The Work Under Consideration for Publication					
	eive payment or services from a third party (government, or g but not limited to grants, data monitoring board, study of est? Yes V No					
Section 3. Relevant financial	activities outside the submitted work.					
of compensation) with entities as descr	in the table to indicate whether you have financial relibed in the instructions. Use one line for each entity; port relationships that were present during the 36 est?	add as many lines as you need by				
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Macalena 2



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Section 6. Disclosure Statement
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Dr. Macalena has nothing to disclose.

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Herring 1



Section 1.	Identifying Inform	nation			
1. Given Name (Fi Michael	rst Name)	2. Surname (Last Name) Herring	3. Date 20-August-2015		
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Jeffrey Macalena		
5. Manuscript Title Autologous Chondrocyte Implantation Using a Bilayer Collagen Membrane With Bone Graft for the Treatment of a Large Osteochondral Defect in the Lateral Trochlea of the Knee			lembrane With Bone Graft for the Treatment of a Large		
6. Manuscript Identifying Number (if you know it) CC-D-14-00154-R1					
			-		
Section 2.	The Work Under Co	onsideration for Public	ation		
Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)? Are there any relevant conflicts of interest? Yes No					
6 11 5					
Section 3.	Relevant financial	activities outside the s	ubmitted work.		
Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication . Are there any relevant conflicts of interest? Yes V No					
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Herring 2



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